NCJA 20 APPOINTMENTEOFLANDSACTHONOTOODERJB SOURD OPPOINTMENTO BUSEFING CHO 2/26/15 Page 1 of 1 PageID: 31 I. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED JOEL TIRADO 3. MAG, DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF, NUMBER 6. OTHER DKT. NUMBER 15-7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED 10. REPRESENTATION TYPE ☐ Petty Offense X Felony (See Instructions) X Adult Defendant ☐ Appellant Misdemeanor □ Other ☐ Juvenile Defendant ☐ Appellee US VS. JOEL TIRADO \Box Appeal CA □ Other 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18 USC 149 - Conspiracy to commit wire fraud 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), 13. COURT ORDER AND MAILING ADDRESS X O Appointing Counsel C Co-Counsel F Subs For Federal □ R Subs For Retained Michael E. Riley ☐ P Subs For Panel Y Standby Counsel 100 High Street, Suite 302 Mt. Holly, NJ 08060 Prior Attorney's Appointment Dates: Because the above-named person represented has testified under oath or has otherwise 609-914-0300 Telephone Number: satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) name appears in Item 12 is appointed to represent this person in this case, OR Law Office of Riley & Riley Other (See Instructions) Washington House 100 High Street, Suite 302 Signature of Presiding Judicial Officer or By Order of the Court Mt. Holly, NJ 08060 2/26/15 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time ☐ YES ☐ NO appointment. CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY TOTAL MATH/TECH. MATH/TECH. HOURS ADDITIONAL CATEGORIES (Attach itemization of services with dates) AMOUNT ADJUSTED ADJUSTED CLAIMED REVIEW CLAIMED HOURS AMOUNT a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (RATE PER HOUR = \$ TOTALS: a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR = \$ Travel Expenses (lodging, parking, meals, mileage, etc.) Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 21. CASE DISPOSITION 20. APPOINTMENT TERMINATION DATE 19 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE IF OTHER THAN CASE COMPLETION TO: Supplemental Payment 22. CLAIM STATUS Final Payment Interim Payment Number Have you previously applied to the court for compensation and/or reimbursement for this XXX YES □NO If yes, were you paid? YES Other than from the Court, have you, or to your knowledge has anyone else, received payment compensation or anything of value) from any other source in connection with this representation? TYES □NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Date Signature of Attorney COURT USE ONLY APPROVED FOR PAYMENT 27. TOTAL AMT. APPR./CERT. 26. OTHER EXPENSES IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE/MAG. JUDGE CODE 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved DATE 34a. JUDGE CODE in excess of the statutory threshold amount.